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Bib Data Sheet

CONFIRMATION NO. 4376

SERIAL NUMBER 09/892,137	FILING DATE 06/26/2001  RULE	CLASS 381	GROUP ART UNIT 2615	ATTORNEY DOCKET NO. BLP 128.1
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/215,001 06/29/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 38	TOTAL CLAIMS 103	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>SN</u> Initials				

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## TITLE

Compressible hearing aid

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